

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2022
NAME OF PROVIDER OR SUPPLIER Beacon Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 919 N Sunset Ave West Covina, CA 91790	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) had a comprehensive care plan to include accessing his vehicle which was parked in the facility parking lot.</p> <p>This deficient practice had the potential for the resident 's care to not be met and/or endure unnecessary stress.</p> <p>Findings:</p> <p>A review of Resident 1 's Admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>A review of Resident 1 's Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated 4/21/22, indicated the resident was moderately impaired in cognitive skills (ability to think and reason) and required extensive assistance from staff for transferring, dressing, personal hygiene, and toileting.</p> <p>During an interview, on 10/11/22, at 10:50 AM, the Administrator (ADM) stated that Resident 1 asked for assistance to bring his car to the facility a couple weeks after Resident 1 was admitted to the facility. The ADM stated that the car was at another clinic and would be towed if it wasn 't removed. Resident 1 asked everyday for a couple weeks. The ADM stated that Admissions Director (AD) and Medical Records Director (MR) brought the car to the facility. The ADM stated Resident 1 's car key was kept in the facility safe because of safety concerns that Resident 1 may drive and injure someone. The ADM stated that he did not know if the facility created a care plan addressing the residents access to his car while at the facility.</p> <p>During an interview, on 10/11/22, at 11:27 AM, Licensed Vocational Nurse 1 (LVN 1) stated that it was not safe for Resident 1 to keep his car keys because of his medical condition.</p> <p>During an interview, on 10/11/22, at 1:06 PM, Certified Nursing Assistant 1(CNA 1) stated that it was not safe for Resident 1 to drive because he was weak. CNA 1 stated that he was wobbly when he walked.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 056331	Facility ID: 056331 If continuation sheet Page 1 of 2

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review, on 10/14/22, at 10:45 AM, the Director of Staff Development (DSD) stated that Resident 1 ' s care plan did not address how the resident would have access to his car. The DSD stated that the care plan should address how the facility will provide services to meet the resident ' s physical, mental, and psychosocial needs.</p> <p>During an interview, on 10/14/22, at 11:11 AM, the AD stated that Resident 1 was in her office multiple times and that he was obsessed with getting the car to the facility.</p> <p>During an interview, on 10/14/22, at 11:34 AM, the DSD stated that they should have created a care plan addressing Resident 1 ' s access to his car and that the facility would hold his key in the safe. The DSD stated creating a care plan for the situation was important to maintain Resident 1 ' s mental and psychosocial wellbeing.</p> <p>A review of the facility ' s policy and procedure titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, indicated that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p>		